

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/702 483

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	59 minus 20 =	31
INDEPENDENT CLAIMS	59 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)		(Column 2)		(Column 3)	
					AMENDMENT B	AMENDMENT C	AMENDMENT D	AMENDMENT E	AMENDMENT F	
Total	50	Minus	51	=						
Independent	5	Minus	4	= 1						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>										

11-26-04

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
OR BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL		TOTAL	

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
OR X\$ 9=		OR X\$18=	
X40=		X80=	80
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	100

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)		(Column 2)		(Column 3)	
					AMENDMENT C	AMENDMENT D	AMENDMENT E	AMENDMENT F	AMENDMENT G	
Total	54	Minus	50	= 4						
Independent	7	Minus	5	= 2						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>										

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
OR X\$ 9=		OR X\$18=	72
X40=		X80=	172
+135=		+270=	0
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	244

11-10-05

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1)		(Column 2)		(Column 3)	
					AMENDMENT D	AMENDMENT E	AMENDMENT F	AMENDMENT G	AMENDMENT H	
Total	20	Minus	54	=						
Independent	4	Minus	5	= 1						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>										

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
OR X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.